



Faculty of Management & Social Sciences

www.ub.edu.bz

**College Street, West Landivar
P.O. Box 990
Belize City, Belize**

**Tel: 501-223-0256
Fax: 501-223-0255**

INDEMNIFICATION FROM

TO: _____

In consideration of your acceptance of intern(s) from the Faculty of Management and Social Sciences of the University of Belize for their Internship Program in your organization, I hereby agree to indemnify you and save you from liabilities which may be incurred by you and claims which may be made against you, or any person(s) for whom you are responsible at law, as a result of any injuries suffered by any of our interns(s) and which occurred in the course of such intern(s) being engaged in the Internship Program.

Such indemnification shall not extend to any liabilities or claims which may result from gross negligence or will full or wanton misconduct by you or any other member of your organization.

Dated at Belize City this _____ day of _____ 2014.

**University of Belize
Belize City**

**By: _____
Intern**

**Witnessed: _____
Internship Coordinator**